

STOCKSBRIDGE URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the

Year 1969

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STOCKSBRIDGE URBAN DISTRICT COUNCILPUBLIC HEALTH COMMITTEE, 1969.

Councillor A. SWEENEY, J.P. (Chairman)

" A. E. DAVIES (Chairman of the Council)

" A. T. NEEDLE (Vice-Chairman of the Council)

" Miss M. E. BALFOUR

" J. DOBSON

" C. ELLIOTT

" Mrs. V. GRAND

" A. HAWLEY

" A. E. JACKSON (Commenced 22.5.1969)

" A. D. LEATHER

" W. MARSHALL (Retired 22.5.1969)

" L. H. SCHOLEY

" C. WATKINSON

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health :

F. C. ARMSTRONG, M.B., Ch.B., D.P.H. (St. Andrews)

Chief Public Health Inspector and Housing Officer :

A. E. KAYE, M.A.P.H.I.

Pupil Public Health Inspector :

G. R. MOORE (Left September, 1969)

OFFICIAL ADDRESS OF MEDICAL OFFICER OF HEALTH :

Divisional Health Office,
Mortomley Hall,
High Green,
Sheffield
S30 4HR.

Tel. No. High Green 292.

STOCKSBRIDGE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health

for the year 1969

To the Chairman and Memembers of the Stocksbridge Urban District Council.

Ladies and Gentlemen,

I have the honour to present my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1969. I also include some details of the Part III Services provided by the Local Health Authority during the period under review.

There was a slight increase in the Birth Rate, at 19.4, from 18.3 in 1968, the corrected rate being 19.8. The Death Rate remained the same as the previous year, at 8.8, and the corrected rate is 10.9. There was a drop in the Still-birth Rate, from 20.7 in 1968 to 11.5 for the year under review. This represents 3 still-births, compared with 5 in 1968. The Infantile Mortality Rate was 11.6, representing 3 deaths, the same as the previous year. These statistics compare favourably with those for the rest of the country.

On looking through the table of "Principal Causes of Death" one finds that, once again, the outstanding cause of death is diseases of the heart and circulatory system. Of the 117 deaths in the township 68 were due to such causes, and 20 deaths occurred from diseases of the respiratory system, 12 of which were Bronchitis. Malignant diseases accounted for 14 deaths, and 2 of these were cancer of the lung. I make no excuse for repeating at this juncture the association of cigarette smoking with not only cancer of the lung, but heart conditions too.

It is worth commenting on the fact of the deaths from accidents; one was a road accident and there were three home accidents. In this connection I would like to see a Home Safety Committee established in the district. These have been set up in some other areas, and do much good work in disseminating propaganda to the general public. They are, of course, voluntary bodies, with representatives from other organisations, such as Gas and Electricity Boards, Fire and Ambulance Services, and my own department. Financial help is available by grants from the County Council, and posters, leaflets and display materials can be obtained from R.O.S.P.A. and from the County Council's Health Education Department in Wakefield.

Infectious diseases were not prevalent during the year; in fact, only 9 cases were notified, which was the lowest figure since we started keeping records, when the Divisional Scheme for Preventive Medicine commenced in 1947. Of these cases 5 were Infective Jaundice, a comparative new-comer to the list of notifiable diseases. When a case of this nature comes to our attention we have to ascertain whether the person suffering from the disease is a blood donor, and if so the Blood Transfusion Centre is made aware of this fact. There were no cases of Whooping Cough and only 2 of Measles; the remainder were Meningitis and Dysentery, one each. There is no doubt that the systematic campaign for vaccination against Whooping Cough has had an effect on reducing the incidence of this disease. We hope the campaign for Measles immunisation will have an equal measure of success.

Mr. Kaye, the Chief Public Health Inspector, has provided the statistics for that part of the report which deals with Sanitary Circumstances.

At the end of the year there were 4777 houses in the district, compared with 4,842 in 1968. 26 dwellings were represented in clearance areas. Of the total dwellings 4,738 were connected to water carriage sewage disposal, the remaining 39 have earth or pail closets. 4,718 dwellings have a public mains water supply; the remaining 59 have a private supply. Any consumer of the latter can have advice or help with sampling if they are anxious.

In the text of the report, as in previous years, I have included some comments on the County Council's services. These are amplified each year in the County Medical Officer's Annual Report. It occurs to me that it is not easy for members to gain an all-round picture of the Public Health services in the area without a good deal of concentrated study, and I think it may be interesting if I briefly enumerate the changes in the services and the new services provided in the divisional area over the last five years. I think it may be particularly useful to see the "state of the service" in this period, when major changes are about to take place in Local Government and the Health Service. For instance, the School Health Service has been tailored to suit present day needs by stopping routine medical examination of the four age groups, i.e. 5-years, 7-years, 10-years and 15-years. The present system now in full operation is routine examination on entering school, at 5-years of age, followed by selective examination at 7-years and 15-years. This means concentrating much more medical attention on those children who have a problem, whether it be physical or emotional. They are discovered by a comprehensive pre-medical enquiry directed at the school, the parents, the school nurses and our own medical records. In addition, we have devised a questionnaire to be completed by the teacher for a 6-year old, which is proving useful in discovering educational and emotional difficulties at an earlier age than was previously possible.

The Child Welfare Clinics also have undergone change, in two ways. Firstly, where the general practitioners have been willing to run their own Well Baby sessions, we have provided health visiting staff and food sales facilities, so that to a large extent these clinics have replaced our own, and where it is necessary to conduct our own clinics we have encouraged the nurses to undertake more of the routine work, leaving the medical staff free to concentrate on those babies with more serious physical or developmental problems. Recently a Developmental Record Card has been introduced, to tighten up our survey of these children, and to make the record-keeping as easy as possible for the health visitors and doctors.

Provision of Health Centres has made rapid strides. At present there are Centres established at Ecclesfield, Stannington and Stocksbridge. Plans are under way for three more, at Hoyland, High Green and Oughtibridge. When one considers that some of the large Southern Counties have only one or two Centres, members will appreciate how progressive is the policy of the West Riding. Naturally, the transition from clinic building/private surgery into Health Centre premises is not only an upheaval for our own staff, but for the general practitioners too. However, such problems as have arisen are minimal, and this speaks well for the goodwill of the nurses and doctors concerned. These modern buildings, with adequate space and greater professional contact, are already in my view contributing markedly to a better joint service and to the ultimate benefit of the public.

The above comments lead me on to speak of the attachment of nursing staff to specific general practices. The overall result of this has been a closer working relationship between the nurses and the doctors, and the end result as far as the Health Visitor is concerned is more work for both the nurse and the doctor, but the patient benefits by having problems followed through and properly resolved.

The Cervical Cytology Clinics have recently been changed to Well Woman Clinics. This means that in addition to having cervical smear taken the women have their blood pressure taken, have their hemoglobin estimated, their urine tested, in addition to having a full pelvic examination. These clinics operate approximately once a month, at Ecclesfield, Stocksbridge, Penistone, Hoyland and Stannington.

We now have two direct service Family Planning Clinics in the Division, one at Ecclesfield and one at Stocksbridge, with plans to establish smaller clinics at Penistone and Hoyland in the near future.

Inevitably I reach the last paragraph of my introduction, which custom dictates is devoted to thanking the Chairman, the Members of the Public Health Committee and the chief officers and staff of the Council for their help and assistance with problems encountered during the year. That these compliments are repeated annually in no way diminishes their sincerity. Without such help much would remain unaccomplished. However, I would also like to pay tribute to my own staff, to thank them for their loyalty, and to remember that but for their continued efforts behind the scenes this report would not be possible.

I am,

Yours faithfully

F. C. ARMSTRONG

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF

The Stocksbridge Urban District covers an area of 4,630 acres. The number of inhabited houses at the end of 1969 was 4,777. The rateable value of the district is £723,387.00, whilst the product of a penny rate is £2,900.00 as at 1st April, 1969.

VITAL STATISTICS

POPULATION

The Registrar-General has given his estimation of the population as 13,290, an increase of 370 compared with the 1968 figure.

BIRTHS

There were 258 live births registered in the district during the year. Of these 134 were males and 124 females. There were 11 illegitimate births, 6 male and 5 female.

STILL-BIRTHS

During the year there were 3 still-births, 1 male and 2 female.

DEATHS

117 deaths were attributed to the district during 1969, 64 male and 53 female. Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates, with those rates for other parts of the country.

RATES PER 1,000 TOTAL POPULATION

Year	England and Wales	West Riding Administrative County	Stocksbridge U.D.	
LIVE BIRTHS (Rates per 1,000 of the population)			Crude Rate	Corrected Rate
1969	16.3	16.9	19.4	19.8
1968	16.9	17.6	18.3	18.6
1967	17.2	18.0	17.5	17.8
1966	17.7	18.0	16.9	17.3
1965	18.0	18.2	16.6	16.9

DEATHS

(Rates per 1,000 of the population)

Year	England and Wales	West Riding Administrative County	Stocksbridge U.D.	
			Crude Rate	Corrected Rate
1969	11.9	11.6	8.8	10.9
1968	11.9	11.6	8.8	10.9
1967	11.2	11.2	10.0	12.5
1966	11.7	12.1	10.3	13.0
1965	11.5	11.6	10.8	13.6

STILL BIRTHS

(Rates per 1,000 Live and Still-births)

1969	13.2	13.5	11.5
1968	14.3	14.3	20.7
1967	14.8	15.2	4.6
1966	15.4	14.4	23.7
1965	15.7	16.0	19.9

PRINCIPAL CAUSES OF DEATH

<u>CANCER</u>					<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant neoplasm, prostate					1	-	1
Malignant neoplasm, uterus					-	-	-
Malignant neoplasm, breast					-	2	2
Malignant neoplasm, stomach					-	1	1
Malignant neoplasm, lung and bronchus					2	-	2
Malignant neoplasm, intestine					-	3	3
Other malignant and lymphatic neoplasms, including leukaemia and aleukaemia					3	2	5
<u>SYPHILITIC DISEASE</u>					-	-	-
<u>DIABETES</u>					-	-	-
<u>OTHER ENDOCRINE DISEASES, ect.</u>					-	-	-
<u>NERVOUS SYSTEM</u>							
Other diseases of nervous system, etc.					1	-	1
<u>CIRCULATORY SYSTEM</u>							
Chronic rheumatic heart disease					1	1	2
Hypertensive disease					-	2	2
Ischaemic heart disease					25	9	34
Other forms of heart disease					1	2	3
Cerebro-vascular disease					5	5	10
Other diseases of Circulatory System					8	9	17
<u>DIGESTIVE SYSTEM</u>							
Ulcer of stomach and duodenum					1	-	1
Gastritis, Enteritis and Diarrhoea					-	-	-
Intestinal Obstruction and Hernia					1	-	1
Cirrhosis of Liver					1	-	1
Other diseases of Digestive System					-	2	2
<u>HYPERPLASIA OF PROSTATE</u>					1	-	1
<u>DISEASES OF SKIN</u>							
Subcutaneous Tissue					-	1	1

GENITO-URINARY SYSTEM

Tuberculosis	...	...	...	...	...	...	-	-	-
Pneumonia	...	...	...	...	...	...	-	6	6
Bronchitis and Emphysema	...	...	...	...	...	...	9	3	12
Influenza	...	...	...	...	...	...	-	-	-
Asthma	...	...	...	...	...	...	1	-	1
Other diseases of Respiratory System	...	...	...	...	...	...	1	-	1

GENITO-URINARY SYSTEM

Nephritis, Nephrosis and other diseases	...	-	-	-
DISEASES OF MUSCULO-SKELETAL SYSTEM	...	-	-	-

CONGENITAL MALFORMATIONS

BIRTH INJURY, DIFFICULT LABOUR, etc.	1	1	2
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OTHER DEFINED AND ILL-DEFINED DISEASES

SUICIDE	-	-	-
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ACCIDENTS

Motor-vehicle	-	1	1
All other accidents	1	2	3

ALL CAUSES

ALL CAUSES	64	53	117
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AGE DISTRIBUTION OF DEATHS

							<u>Male</u>	<u>Female</u>
Under 1 year	1	2
1 to 2 years	-	-
2 to 5 years	-	1
5 to 15 years	...	...	...	...	...	...	-	-
15 to 25 years	...	...	...	...	...	...	-	-
25 to 45 years	...	...	...	...	...	...	-	1
45 to 65 years	...	...	...	...	...	...	22	11
65 years and over		...	...	...	...	...	<u>41</u>	<u>38</u>
						TOTAL:	64	53

INFANTILE MORTALITY

There were 3 deaths under 1 year of age, 1 male and 2 female, equivalent to a rate of 11.6 per 1,000 live births.

DEATHS UNDER 1 YEAR

(Rates per 1,000 Related Live Births)

<u>Year</u>	<u>England and Wales</u>	<u>West Riding Administrative County</u>	<u>Stocksbridge U.D.</u>
1969	18.1	18.9	11.6
1968	18.3	18.5	12.7
1967	18.3	19.2	18.4
1966	19.0	19.8	19.4
1965	19.0	20.7	10.2

TABLE SHOWING AGE DISTRIBUTION OF
INFANTILE DEATHS

Cause of Death					Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Pulmonary Atelectasis					1	-	-	-	1	-	-	-	-	1
Congestive Heart Failure					-	1	-	-	1	-	-	-	-	1
Apnoea and Prematurity					1	-	-	-	1	-	-	-	-	1
Total					2	1	-	-	3	-	-	-	-	3
1968	..	..	..	..	1	-	-	-	1	1	1	-	-	3
1967	..	..	..	..	2	-	-	-	2	1	1	-	-	4
1966	..	..	..	..	2	1	-	-	3	-	-	-	1	4
1965	..	..	..	..	2	-	-	-	2	-	-	-	-	2

EPIDEMIC DISEASES

12.

There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during the year.

MATERNAL MORTALITY

There were no maternal deaths during 1969.

INQUESTS

Inquests were held on 6 occasions, and in 9 cases the cause of death was certified by the Coroner after Post-Mortem Examination without inquest.

NATIONAL HEALTH SERVICE ACTS, 1946/57

VITAL STATISTICS

Live Births	...	...	...	...	...	...	...	258
Live Birth Rate per 1,000 population	...	...	...	...	...	...	...	19.4
Illegitimate Live Births per cent of total live births	...	...	...	...	...	...	...	4.0
Still-births	...	...	...	...	...	...	...	3
Still-birth Rate per 1,000 total live and still-births	...	...	...	...	...	...	...	11.5
Total Live and Still-births	...	...	...	...	...	...	...	261
Infant Deaths (deaths under 1 year)	...	...	...	...	...	...	...	3

INFANT MORTALITY RATES

Total infant deaths per 1,000 total live births	...	...	...	...	...	...	...	11.6
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	...	...	12.1
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	...	...	-
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	...	...	...	11.6
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	...	...	7.7
Peri-natal Mortality Rate (Still-births and deaths under 1 week combined per 1,000 total live and still-births)	...	...	...	...	...	...	...	19.2

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES

Infectious Diseases other than Tuberculosis

During the year 9 cases of Infectious Diseases were notified. They were distributed as follows:-

	<u>Notifications</u>	<u>After Correction</u>
Measles	2	2
Whooping Cough	-	-
Meningitis	1	1
Dysentery	1	1
Food Poisoning	-	-
Infective Jaundice	5	5
Acute Encephalitis	-	-
	<u>9</u>	<u>9</u>

ATTACK RATE OF COMMONER INFECTIOUS DISEASES

Disease	England and Wales	West Riding Administrative County	Stocksbridge U.D.
Scarlet Fever	0.33	0.59	0.00
Measles	2.91	1.90	0.15
Whooping Cough	0.10	0.10	0.00
Dysentery	0.46	0.27	0.07

DISTRIBUTION OF INFECTIOUS DISEASES
BY AGE GROUPS

DISEASE	Age Group	0 - 1 year	1 - 2 years	2 - 3 years	3 - 4 years	4 - 5 years	5 - 10 years	10 - 15 years	15 - 25 years	25 - 35 years	35 - 45 years	45 - 65 years	65 yrs. and over	Age unknown	TOTALS
Measles		-	1	-	-	-	1	3	-	1	-	-	-	-	2
Scarlet Fever		-	-	-	-	-	-	-	-	-	-	-	-	-	1
Whooping Cough		-	-	-	-	-	-	-	-	-	-	-	-	-	1
Infective Jaundice		-	-	-	-	-	1	-	-	-	-	-	-	-	5
Meningitis		-	-	-	-	-	1	-	-	-	-	-	-	-	1
Dysentery		-	-	-	1	-	-	-	-	-	-	-	-	-	1
Food Poisoning		-	-	-	-	-	-	-	-	-	-	-	-	-	1
Acute Encephalitis		-	-	-	-	-	-	-	-	-	-	-	-	-	1
TOTALS:		-	1	-	1	-	2	4	-	1	-	-	-	-	9

SCARLET FEVER

There were no cases of Scarlet Fever notified in the district during 1969.

DIPHTHERIA

No cases of Diphtheria were notified during 1969. During this year we continued the computer scheme for recording immunisation. As I explained in your last report, this use of the computer is designed to keep a very close check on those children who have not been immunised at the appropriate age, and to continue to issue repeat invitations to the parents to have the procedure carried out. As a result we have kept up a high rate of acceptance, namely over 90%.

The figures below do not seem to bear this out. The reason is a very complicated one which I do not intend to even try to set out on paper. Like many other statistics, they cannot be read at their face value.

	<u>1969</u>	<u>1968</u>
Primary immunisations ...	771	877
'Booster' doses ...	1,751	1,121

WHOOPING COUGH

No cases of Whooping Cough were notified during 1969. The vast majority of the children who contract Whooping Cough when they have been immunised suffer the disease to a relatively mild degree; in fact, a great many children probably have the disease to such a mild degree that it is unrecognizable as clinical Whooping Cough. In the divisional area 755 children were immunised during 1969, compared with 877 during 1968. This figure is lower than that for last year, the reason being that in April of 1968 we switched over to the new Ministry recommended schedule of immunisation, which delayed primary immunisation to the age of six months.

MEASLES

In 1969 only 2 cases were notified, in the third quarter. This is a decrease of 386 on the figure for 1968. The attack rate, at 0.15, was much less than that of 30.0 in 1968, and is below the national figure of 2.91. Although the biannual peaks of measles have not been so clear in recent years, nevertheless the tendency to high and low on a biannual pattern has been still evident. These figures are a clearer demonstration of this.

In 1969 the measles vaccination programme got under way again only to be almost halted by withdrawal of supplies by one major manufacturer. However, vaccination was offered to babies at the age of 16 months and to schoolchildren between 4 and 7 years of age who had not already had the disease. In the divisional area as a whole, 386 children were immunised. In 1970 we should have a clearer picture of the uptake, when there is no interruption of vaccine supply.

POLIOMYELITIS

There were no cases of Poliomyelitis notified during the year for your district. You will notice from the table on page 11 that there were no cases of Poliomyelitis notified for England and Wales or for the West Riding Administrative County. There can be very little doubt that this is due to the vaccination programme. Like all other vaccination programmes, once begun it is imperative that it continue. The computer method of recording immunisation is of assistance in maintaining a high degree of vaccination, because it issues individual invitations to each child known to reside within the area. Following is given a table showing the immunisation figures for the Division as a whole.

VACCINATION OF PERSONS UNDER AGE 16

COMPLETED DURING 1969

TABLE 1

Completed Primary Courses - Number of persons under age 16

Year of birth					Others under age 16	Total
1969	1968	1967	1966	1962-65		
11	693	63	-	4	1	772

The reduced number is accounted for by the change-over in the immunisation schedule.

TABLE 2

Reinforcing Doses - Number of persons under age 16

Year of birth					Others under age 16	Total
1969	1968	1967	1966	1962-65		
-	215	444	20	1,052	27	1,758

SMALLPOX

There were no cases of Smallpox notified in the area in 1969. A total of 821 persons within the divisional area received primary vaccination, compared with 588 during 1968.

INFECTIVE JAUNDICE

There were 5 cases notified - 1 in the first quarter, 1 in the second quarter and 3 in the fourth quarter.

DISEASES OF THE ALIMENTARY TRACT

There were no cases of Food Poisoning notified.

One case of Dysentery was notified in the second quarter. All contacts were followed up.

TUBERCULOSIS

No cases of Tuberculosis were notified during 1969.

The hard work of the hospital staff and our own, in following up contacts of the known disease and examining them for early detection of secondary disease, has continued. The Mass Radiography Service continues, whenever possible, to visit the area, but no member of the public need wait for such an occasion to arrive because the Mass Radiography Centre in the city is permanently available.

B.C.G. VACCINATION

The table below shows that once again vaccination against Tuberculosis was offered to the schoolchildren during their first year in the Secondary School. A simple skin test carried out beforehand shows whether the child requires to be vaccinated. The vaccination itself causes very little trouble, and we usually have a high rate of acceptance.

School	No Tested	No. Positive	No. Negative	No. Vaccinated
Stocksbridge Sec. Modern	121	18	103	101 (2 absent)

B.C.G. Vaccination is one of a number of preventive measures against tuberculosis infection; the others are improving housing conditions and improving nutrition, plus a better general understanding of the vital factors in maintaining good general health. This, along with the early detection of the disease through the National Health Service, and principally the Mass Radiography Service, is the reason for the present satisfactory control of tuberculosis.

BRUCELLOSIS

There were not cases of Brucellosis during 1969.

Although the risk to the consumer from this disease is very small, nevertheless it can be eliminated by drinking heat-treated milk, i.e. pasteurised or sterilised milk.

CHIROPODY SERVICE

The figures for the treatments during 1969, both at the clinic and domiciliary, are shown below.

		<u>Clinic</u>	<u>Domiciliary</u>	<u>Total</u>
Treatments	... ..	1,289	571	1,860
Number of patients treated	...	327	147	474

The figure of 2,334 is 440 less than the number of treatments undertaken in 1968. The reason for this was due to the illness of the Chiropodist in August, and his subsequent resignation in November.

There is a national shortage of qualified Chiropodists, and in order to maintain a service it was necessary to reorganise the work of the remaining staff. Until a successor could be found, temporary arrangements were made for a qualified Chiropodist from Rotherham to come out of retirement, to help alleviate the situation.

NATIONAL ASSISTANCE ACT, 1948

There was no occasion to use the provision of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

MENTAL HEALTH SERVICE

With the trend for Mental Hospitals to adapt to the care of patients on a short-term basis, more and more people are being discharged to their own homes with the need for supportive care from the Mental Welfare Officers. The Psychiatric Out-patients' Clinic, which was such a success when introduced in this Divisional Office, continues to provide a much needed service to mentally disturbed patients, and it would appear that these people are quite prepared to attend a Clinic or Health Centre, rather than return to the Out-patients' Department of the Mental Hospital.

With the opening of the Health Centre at Ecclesfield, the weekly Monday sessions previously held in this office are now undertaken in those premises. Both the Consultant Staff, the Mental Welfare Officers, and not least the patients, appreciate the facilities which are offered. A total of 294 patients attend 42 clinic sessions during the year. The increase in patients does not necessarily reflect that there was more mental illness in the district; it is in keeping with the trend for earlier discharge of patients to their home environment, and thus requiring an increased need of supportive care. I am happy to report that there were no serious problems or delays in obtaining beds for patients who required hospital treatment.

A number of students who were training for a career as Mental Nurses visited the Division during the year, not only to observe the work of the Mental Welfare Officers, but to tour the Training Centre, and to get an insight into the work and problems involved with both the Junior Wing of the Training Centre and the Adult Workshops.

ADMISSIONS AND DISCHARGES TO MENTAL HOSPITALS

There were 3 patients (all male) admitted to Middlewood Hospital during the year, and 2 were discharged, after-care being requested in both cases.

MENTAL SUBNORMALITY

The Friday morning Out-patients Clinics for subnormal patients continued during the year. A total of 16 juveniles were seen over the fourteen sessions. The clinic gives the opportunity for parents of severely handicapped children to discuss their main problems with the Consultant Psychiatrist.

No difficulties were experienced in placing subnormal children in short-stay care hospital beds. This is a service which is of great help, and is much appreciated by parents as it enables them to have a holiday away from their children.

The Parent/Teachers' Association at the High Green Training Centre gave valuable help in organising a successful year of social activities.

SPECIAL CARE UNIT

During the year this unit was taking in its maximum number of handicapped children, and apart from holidays, sickness, and other domestic problems, 11 children attended five days per week. At the beginning of the year there was a slight problem with transport, but this was quickly resolved and is now functioning smoothly.

The following are statistics of the mentally subnormal cases in the area.

Care and GuidanceOver 16 years

	<u>Male</u>	<u>Female</u>
In full employment	3	2
Fully employed and/or supervised at home	-	4
Training Centre	5	1
Training Centre refused... ..	3	1
Unemployable or cot cases	2	-
Working part-time	1	1

Under 16 years

Training Centre	5	1
Cot cases in Care Unit	1	-
	<hr/>	<hr/>
	20	10
	<hr/>	<hr/>

GENERAL PROVISION OF THE HEALTH SERVICESHOSPITALS.

Infectious Disease. Cases of infectious disease requiring treatment in hospital are admitted to Lodge Moor Hospital, Sheffield.

Maternity Cases. If hospitalization is required in maternity cases, it is provided at the Chapeltown Maternity Home, the Northern General Hospital, Sheffield, and the Jessop Hospital for Women, Sheffield.

General Hospitals. General Hospitals in Sheffield are those used by the people in the Stocksbridge Urban District.

CERVICAL CYTOLOGY.

During the year we continued the service of taking cervical smears for the detection of early carcinoma of the cervix. We have continued the policy of seeking those women most at risk, i.e. over 35 years of age with 4 or more children, but have also taken in any other married women who were anxious to have the test carried out. We have not sought to publicise this very widely, but have preferred rather to seek the cases through our own nurses and through the general practitioner service, since the number of smears available is still limited, and this relative shortage of smear facilities in the laboratory is the controlling factor in the numbers we try to encourage to the clinic. The number of positive tests have been very small indeed but we expect, as a result of having discovered these positives, that the ladies concerned will enjoy a normal life span.

LABORATORY SERVICES.

The Public Health Laboratories at Wakefield and Sheffield are available to provide all the necessary investigations we may require in the epidemiological field. The respective Medical Directors are most willing to help and advise, and I am grateful to them.

AMBULANCE SERVICE.

The West Riding County Council provide ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946. During the year no difficulty was experienced regarding staffing, and the full complement of staff of 41, plus one Station Officer, worked a three-shift system from the main operational depot at Hoyland, with an alternating shift at the new Penistone Depot, which was officially opened during 1966. There are eight vehicles at Hoyland and three at Penistone.

Liaison with all hospitals continues at a high level, and the Authority continues to work most amicably with neighbouring County Boroughs.

Ambulance calls from doctors, hospitals, institutions and members of the public, in emergencies, are received at the Station Control Room, and are competently dealt with by the efficient use of a radio communication system, ensuring speed and economical use of the vehicles, and at the same time reducing mileage to the minimum.

The majority of the ambulance personnel are competent to render first aid, and staff are encouraged to train and obtain current certificates, the County Council giving monetary recognition by way of extra pay as an incentive to qualification.

HEALTH EDUCATION.

I have given the Health Education programme for the Division as a whole this year, to give you a better overall picture. What is on offer to one area is, of course, equally on offer throughout the area. I refer in particular to the school programme in Stocksbridge.

CLINICS.

General Health Education activities were carried out in most clinics, following in the main the pattern of a monthly programme. Group discussions included hygiene, development of the baby, care of teeth, feet, home safety and diet, current topics, e.g. drug taking, sex education, etc., the usual media of filmstrips, sound films, up-to-date posters and distribution of leaflets used in endeavour to teach the general public an approach to good, healthy living. Health Visitors continue to discuss prophylaxis on every possible occasion, during the individual interview at clinics or during home visits. The number of mothers attending group discussion varies, according to the size of the clinic involved.

SCHOOLS.

Regular weekly visits were paid to Stocksbridge Secondary School by the Health Visitor, Health Education being given to two groups (girls aged 12 - 13 and 14 - 15 years), the usual maximum period being of a six weeks duration. These lectures are very much appreciated, and are now an established part of the school curriculum. The programmes were as follows:-

- (1) Personal hygiene.
- (2) Baby care.
- (3) Development of a child (mental and physical).
- (4) Infant feeding.
- (5) Hygiene in the home.
- (6) Infectious diseases, including venereal disease
- (7) Home safety.

In addition, the girls of the senior class attend the Child Welfare Centre, in small groups, in order to see the benefits of a Well Baby Clinic.

YOUNG WIVES GROUPS.

There are several Young Wives Groups, attached to different religious denominations within the Division, and Health Visitors have been asked to visit to give talks on the work of the Health Visitor, drug taking, etc. It is at these meetings that the question of Cervical Cytology and its value is discussed, and through this media it is found that many of the women within the area arrange either to attend for smear to be taken by their own general practitioner or at the Local Health Authority Clinic.

OTHER HEALTH EDUCATION ACTIVITIES.

During the year Health Visitors attended Home Safety Classes, local trades fairs and in the main arranged small displays on the dangers of poisons and drugs to the community.

RELAXATION AND MOTHERCRAFT CLASSES.

Although the Midwives are responsible for the instruction in relaxation and general mothercraft, the Health Visitors attend at least once a month and usually deal with the work of the Health Visitors and the prophylaxis available for babies and young children.

Health Education programmes in this Division are carried out in the clinics, school and during the home visits. The Health Visitors continue to promote a consciousness within the community of the necessity for good, healthy living. All staff are agreed that we are fortunate in having such a wonderful display of up-to-date materials, films and filmstrips available from the County Health Education Department. It is now very common for the general practitioners in the area to contact the Health Visitor, Midwife or Home Nurse, with regard to the provision of attractive posters to display within the surgery. The poison berries and poison fungi posters are extremely useful and much appreciated.

CHILD WELFARE CLINICS

These are held each week in most areas. These days we are asking the health visitor to take a more and more important role in the Baby Clinic, e.g. most of the immunisation is now done by the health visitor, and with the current shortage of medical staff this has been an enormous help. The Medical Officer now sees those children who are referred by the health visitor.

As always, those ladies who come voluntarily to help at the Child Welfare Clinics provide a most valuable service, and we all appreciate their efforts very much.

The clinics held in Stocksbridge area are listed below, together with the number of attendances during the year 1969.

CHILD WELFARE CENTRE

Name and address of Centre Name of Doctor and Health Visitor in attendance.	Day and Time of Sessions.	Total number of attendances during the year.	
		Number who attended for first time during 1969	Children up to 5 years.
<u>STOCKSBRIDGE</u> Johnson Street Dr. M. Bannon Dr. G. Brennan Dr. R. Patel Miss J. Incles Mrs. M. A. Laycock (Asst.) Mrs. L. M. Sellars	Thursday P.m.	647	3,256

HEALTH VISITING SERVICE

The Health Visitor, working in direct contact with the general public, is mainly engaged in promoting a positive attitude towards good health; she is actively engaged in visiting the homes of young babies, the family in general, and much of her time is spent in the care of the aged. In addition, she attends the Child Welfare Centres, where she gives advice to the mothers on general matters concerning the welfare of the young child. She works in close liaison with the general practitioner, and during the year made a total of 1,656 visits to new cases within the area.

within the Division. They attend Ante-natal Clinics and Ante-natal and Relaxation Classes, and continue to work in close co-operation with the general practitioners within the area. Although many more cases are delivered in hospital, the Midwife is still required to nurse the patients following early discharge and it is, therefore, very important that during the ante-natal period she is also aware of these patients. Notification of such cases is passed from hospital, through the Divisional Office, to the Midwives directly concerned on the area.

The number of cases attended by the Midwives during 1969 was 51.

MIDWIFERY STAFF (1969)

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Miss R. Crossley (Resigned 22.1.70)	"Walderscroft", Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. J. F. George	330 Middlewood Road North, Oughtibridge.	Sheffield. 348130

NURSING STAFF AS AT 1ST JULY, 1970

HEALTH VISITORS

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Miss J. Incles	231 Tower Drive, Norfolk Park, Sheffield, 2.	
Mrs. M. A. Laycock (Assistant)	23 Park Drive, Stocksbridge.	
Mrs. L. M. Sellars	Handbank Farm, Midhope, Stocksbridge.	Penistone 2187
Miss J. M. Walker	303 Haggstones Road, Worrall.	Oughtibridge 2174
Mrs. S. Wright (Assistant)	47 Oldfield Road, Stannington.	

HOME NURSES

Mrs. A. M. Armitage	88 Fox Glen Road, Deepcar.	Stocksbridge 2294
Mrs. E. M. Fox	7 Willow Road, Stocksbridge	Stocksbridge 3505

MIDWIVES

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Mrs. J. F. George	330 Middlewood Road North, Oughtibridge.	Sheffield 348130

DOMESTIC HELP SERVICE

During 1969 a total of 25,505 domestic help hours were provided in the Stocksbridge Urban District. There were 35 Domestic Helps employed, attending a total of 119 cases. Of this total, 84 cases were continued from 1968, the remaining 35 being new cases. The types of cases where domestic help was made available are as follows:-

Maternity cases	6
General cases over 65 years	102
General cases under 65 years	6
Other cases	5
	<u>119</u>

One shudders to think what the pressure on the hospitals for the elderly would be without this service. The very old would lose heart and would not trouble to cook for themselves, or even to light a fire in winter. We have seen this happen where the need for supporting services has emerged too late. In many instances the only solution has been for the patient to go into a home for the elderly or into hospital.

DISTRIBUTION OF WELFARE FOODS

The amount of Welfare Foods issued in Stocksbridge Urban District during 1969 was as follows:-

National Dried Milk ...	...	...	434 tins.
Cod Liver Oil ...	...	...	244 bottles
Vitamin A and D Tablets ...	...	...	340 (packets of 45)
Orange Juice ...	...	...	5,019 bottles

These foods are issued at the following Centres throughout the Division on the days and times stated:-

<u>Address of Premises</u>	<u>Days</u>	<u>Times</u>
<u>STOCKSBRIDGE URBAN DISTRICT</u>		
Child Welfare Centre, Johnson Street, Stocksbridge.	Thursday	2.00 - 4.00 p.m.
Brightside & Carbrook Co-op Soc., Deepcar Branch, Manchester Road, Deepcar.	During shop hours.	

PENISTONE URBAN DISTRICT

Child Welfare Centre, Shrewsbury Road, Penistone.	Monday	2.00 - 4.00 p.m.
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PENISTONE RURAL DISTRICT

Child Welfare Centre, Parish Hall, Church Street, Cawthorne	Alternate Thursdays	1.30 - 3.30 p.m.
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P. & C. Sinclair, The Stores, Halifax Road, Thurgoland.	During shop hours	
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HOYLAND NETHER URBAN DISTRICT

Child Welfare Centre, Rockingham Youth Club, Sheffield Road, Hoyland Common.	Thursday	2.00 - 4.00 p.m.
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Child Welfare Centre, 2 West Street, Hoyland.	Tuesday	10.00 - 12.00 a.m.) 2.00 - 4.00 p.m.)
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WORTLEY RURAL DISTRICT

Clinic, Zion Congregational Church, Langsett Road South, Oughtibridge.	Thursday	2.00 - 4.00 p.m.
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Clinic, Memorial Hall, Worrall.	Alternate Tuesdays	2.00 - 4.00 p.m.
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Child Welfare Centre, Greenhead Wesleyan Reform Chapel, Greenhead Lane, Chapeltown.	Wednesday	10.00 - 12.00 a.m. 2.00 - 4.00 p.m.
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Clinic, Methodist Chapel, High Green.	Tuesday	2.00 - 4.00 p.m.
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Health Centre Mill Road, Ecclesfield	Monday and Friday	2.00 - 4.00 p.m.
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Clinic, Community Hall, Main Street, Grenoside.	Thursday	2.00 - 4.00 p.m.
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Child Welfare Centre, Wharnccliffe Silkstone Welfare Hall, Pilley Lane, Tankersley, Nr. Barnsley	Alternate Mondays	2.00 - 4.00 p.m.
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WORTLEY RURAL DISTRICT (Cont'd)

Child Welfare Centre,
Congregational Church,
Loxley.

Alternate
Tuesday

1.30 - 3.30 p.m.

Health Centre,
Uppergate Road,
Stannington.

Wednesday

2.00 - 4.00 p.m.

SANITARY CIRCUMSTANCES - 1969

(Prepared by Mr. A. E. Kaye)

Nuisances

Table showing the number and type of nuisance found and action taken during the year.

Blocked or defective drains	31
Blocked or defective W.C.'s	5
Defective dustbins	72
Defective roofs, eaves gutters and fallpipes	3
Dampness - various causes	2
Miscellaneous	4
	<u>117</u>
Total needing abatement	117
Abated during 1969	<u>117</u>
Outstanding December, 1969	-
Informal notices served	33
Informal notices complied with	33
Statutory notices served	-
Statutory notices complied with	-

Closet Accommodation

Closet accommodation at the end of the year consisted of:-

39 Privies and 4,738 Water Closets.

The remaining privies are in the rural areas where no sewers are available.

Refuse Collection

Household refuse is collected from 4,738 dustbins, 17 Privies and 2 dry ashpits.

A weekly collection of household and trade refuse has been maintained throughout the year. The tip at Townend has continued in use for the disposal of refuse.

Ice Cream

1 application for registration was received during the year.
42 premises are registered for the sale only of Ice Cream.

Inspections

53 inspections were made of registered food premises during the year.

Meat Inspection

One licensed Slaughterhouse, which caters for 3 local butchers, is in operation in the district. During the year 547 Beasts and 890 Sheep were inspected.

The following organs found to be diseased were surrendered and disposed of:-

<u>DISEASE</u>	<u>ANIMAL</u>	<u>Parts surrendered</u> LIVER
Abcesses	Beast	9
Fluke	Beast	22
Parasites	Beast	4
Parasites	Sheep	23
Fluke	Sheep	6

Other Foods

The following other foodstuffs were surrendered and disposed of:-

Canned Meats	-	451bs.
Fresh Meat	-	601bs.
Refrigerated Products	-	2001bs.

Food Premises

The number of food premises in the area are made up as follows:-

Butchers	-	15
Bakers	-	2
Canteens	-	10
Fish Shops	-	9
Grocers	-	42
Sweets	-	15

Water Supply

A main supply is available to 4,718 houses out of a total of 4,777 houses in the area.

Offices, Shops & Railway Premises

101 premises are registered under the Offices, Shops & Railway Premises Act 1963. 46 visits were made during the year to ensure compliance with the Act.

Clearance Areas

5 families comprising 10 persons were rehoused from Clearance Areas during the year.

26 houses have been represented for Clearance during the year.

Rodent and Insect Control

Minor infestations of rats were found in private property some of these were dealt with by the department and others were treated by the owners with the help of the department.

The Refuse Tip and Sewage Works are reasonable free from rats due to periodic inspection and treatment.

Housing

New Houses completed:

(a)	By Local Authority	..	-
(b)	Private Enterprise	..	<u>90</u>
	Total	..	<u>90</u>

Discretionary Grants

10 Applications were granted for improvement of properties, these were owner occupied houses and the value of the grants was £1,460.

Standard Grants

15 Applications were received and approved during the year and £1,527 was paid out against 12.

FACTORIES ACT 1961

This table is enclosed by a request of the Secretary of State for Employment and Productivity to indicate to Medical Officers of Health the prescribed particulars which are required by Section 153 (1) of the Factories Act 1961, to be furnished in their Annual Reports with respect to matters under Parts I and VIII of that Act which are administered by the District Council. This table, which is not intended to supersede the fuller statement which is desirable in the test of the Report, should be attached as an annex to the Report.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1969 FOR THE URBAN DISTRICT OF STOCKSBRIDGE IN THE COUNTY OF YORKSHIRE

Prescribed Particulars on the Administration of the Factories Act 1961

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	3	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	17	12	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	1	-	-
Total	22	15	-	-

2 - Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
(1) Ineffective drainage of floors (S.6) _____					
Sanitary Conveniences (S.7) (a) Insufficient _____ (b) Unsuitable or defective _____ (c) Not separate for sexes _____					
Other offences against the Act (not including offences relating to Out- work _____					
Total _____					

PART VIII OF THE ACT Outwork (Sections 133 and 134)

Nature of Work	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists. (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
(1)						
Wearing apparel) Making etc.,) Cleaning) and) Washing						
Household linen						
Lace, lace curtains and nets						
Furniture and upholstery						
Electro-plate						
File making						
Brass and brass articles						
Fur pulling						

Iron and steel cables and chains
Iron and Steel anchors and grapnels
Cart gear
Locks, latches and keys
Umbrellas, etc.
Artificial flowers
Nets, other than wire nets
Tents
Sacks
Racquet and tennis balls
Paper bags
The making of boxes or other receptacles or parts thereof made wholly or partially of paper
Brush making
Pea picking

